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for
Better Care**

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**Kansas Health Policy Authority
Stakeholder Meeting July 11, 2006**

Kansas Advocates for Better Care (KABC) applauds the mission of the Authority – to improve Kansans' access to affordable, quality healthcare and increase the health of all Kansans. KABC's mission is advocating for quality long-term health care, especially for frail adults in institutional settings. While the focus of our mission is more limited than that of the Authority, we have three general recommendations that could improve the access and quality of health care across the state.

First and foremost Kansas needs a greater number of licensed nurses and certified nurse aides in general and most certainly in the long-term care setting. This concern is well documented. The Kansas nursing home associations have been lamenting the scarcity of available qualified nursing employees. In addition national studies identify the need for more nursing staff in nursing homes and have determined that a minimum of 4.13 nursing staff hours per nursing home resident per day is required to maintain residents at their highest practicable level of physical, mental, and psychosocial well-being. As of May 2005, the Kansas average was only 3.53 nursing staff hours. As well, about one fourth of the Kansas nursing homes provide nursing staff at a rate of fewer than 3 hours per resident day. Inadequate nursing staff can cause numerous types of deficiencies such as weight loss, skin breakdown and pressure sores, accidents and falls, incontinency, loss of range of motion, and neglectful practices.

Second and equally important is the need to establish statutory parity for all "at-risk" or vulnerable persons who suffer abuse, neglect and exploitation. For example, Sedgwick County Chief Medical Examiner Dr. Mary Dudley is concerned about suspicious deaths in nursing homes. Her suggestions are: (1) refer all nursing home deaths to the medical examiner/coroner, (2) educate nursing home personnel that any suspicious deaths involving law enforcement (abuse cases) and any unnatural deaths (suicides/accidents) must be reported to the ME/Coroner, (3) establish a statewide elder death review board similar to the state child death review board, and (4) update the out-dated Kansas coroner laws to require national death investigator certification for all death investigations and follow national standards for reportable deaths and referrals for forensic autopsies. Another example is the difference between punishment levels for abuse of children (severity level 5, person felony) and mistreatment of dependent adults (severity level 6, person felony). Abuse, neglect and exploitation of all vulnerable persons should be the same punishment levels because vulnerable persons are not able to speak/care for themselves.

Third, community-based long-term health care services should be available/accessible for vulnerable persons who want to avoid institutionalization. In most situations community-based services are less expensive and/or allow the person to continue to reside in the community setting for a greater length of time, until the acuity of their health status requires a different setting.

Thank you for this opportunity to provide recommendations on the direction of the Kansas health system.

Deanne Bacco, Executive Director